

## CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

DEATH 33 60	1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <b>Calif</b> B. COUNTY <b>Los Angeles</b>					
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <b>Wickenburg (Rural)</b> )				C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA OR TOWN <b>2 Mos</b> )					
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>25 MI South East near Mile Post #131</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>216 S Dacotah St</b>					
IDENTENCE 31 2 119 7 90	3. NAME OF DECEASED (TYPE OR PRINT) <b>ARNOLD</b> <b>-</b> <b>HERNANDEZ</b>				4. SEX <b>M</b>		5. COLOR OR RACE <b>Mex</b>			
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				7. DATE OF BIRTH MONTH <b>Dec</b> DAY <b>13</b> YEAR <b>30</b>		8. AGE YEARS <b>19</b> MONTHS <b>8</b> DAYS <b>19</b>			
	9B. KIND OF BUSINESS OR INDUSTRY <b>U.S.A.F.</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Calif</b>		11. CITIZEN OF WHAT COUNTRY? <b>USA</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>Yes Jul/49 to Sep/50</b>			
NT VAL A	14A. FATHER'S NAME <b>George Hernandez</b>				14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>		15A. MOTHER'S MAIDEN NAME <b>Unknown</b>			
	16. INFORMANT'S SIGNATURE <b>On Record, Williams AF Base, Chandler, Ariz</b>				17. DATE OF DEATH (MONTH) <b>September</b> (DAY) <b>1</b> (YEAR) <b>1950</b>		13. SOCIAL SECURITY NO. <b>- -</b>			
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.				MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>Approx 15 Min</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <b>auto accident</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					
ONS. PSY H TO VAL NCE	19A. DATE OF OPERATION <b>-</b>				19B. MAJOR FINDINGS OF OPERATION <b>-</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	21A. ACCIDENT SUICIDE HOMICIDE <b>Accident</b> (SPECIFY)				21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, HIGHWAY, FACTORY, ETC.) <b>Highway 2000 South East near Mile Post #131</b>		21C. (CITY OR TOWN) (COUNTY) (STATE) <b>Wickenburg Maricopa Ariz</b>			
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>Sept 1 1950 9:PM</b>				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Auto accident</b>			
AL NER'S ATION	22. I HEREBY CERTIFY THAT I EXAMINED THE DECEASED <del>near</del> <b>viewed</b> at <b>3:30AM</b> 19 <b>2</b> Sept 19 <b>50</b> . THAT I LAST SAW THE DECEASED ALIVE ON <b>never</b> 19 <b>-</b> AND THAT DEATH OCCURRED AT <b>9:15PM</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
	23A. SIGNATURE <b>William R. Turner</b> (DEGREE OR TITLE) <b>WILLIAM R. TURNER, Capt, USAF (IC)</b>				23B. ADDRESS <b>Station Hospital Williams AF Base, Chandler, Ariz</b>		23C. DATE SIGNED <b>2 Sept 50</b>			
	24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>9-3-50</b>		24C. NAME OF CEMETERY OR CREMATORY <b>----</b>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Los Angeles, Calif.</b>			
AL FOR RAR	25A. DATE REC'D BY LOCAL REG. <b>9-3-50</b>		25B. REGISTRAR'S SIGNATURE <b>Maomi Coffey</b>		26. FUNERAL DIRECTOR'S SIGNATURE <b>Meldrum Mortuary</b> ADDRESS <b>Mesa, Ariz.</b>		27. EMBALMER'S SIGNATURE <b>R. M. Daybell</b> CERT. NO. <b>228A</b>			